

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

(Continued)

Underpayment Amount Owed
(For Underpayments Occurring on or after 1-1-98)

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____

Underpayment Month and Year: _____

(A) Net Countable Income					
Total Business Income	\$				
Business Expenses					
a. 40% Standard OR	-				
b. Actual	-				
Net Earnings from Self Employment	=				
Total Disability-Based Unearned Income (Assistance Unit (AU) + Non Assistance Unit (Non-AU) Members)	\$				
\$225 Disregard	-				
Nonexempt Unearned Disability-Based Income OR	=				
Unused Amount of \$225 Disregard	=				
Total Earned Income	\$				
Net Earnings from Self-Employment (from above)	+				
Subtotal	=				
Unused Amount of \$225 Disregard	-				
Subtotal	=				
Earned Income Disregard 50%	-				
Subtotal	=				
Nonexempt Unearned Disability-Based Income (from above)	+				
Other Nonexempt Income (AU + Non-AU Members)	+				
Net Countable Income	=				
(B) Correct Cash Aid Payment					
Maximum Aid Payment (# persons) \$ Amount (AU + Non-AU Members)	()	()	()	()	()
Special Needs (AU + Non-AU Members)	+				
Net Countable Income From Section A	-				
Subtotal A	=				
Maximum Aid Payment (MAP) (AU Only)	\$				
Special Needs (AU only)	+				
Subtotal B	=				
Correct Cash Aid Amount (Lesser of Subtotal A or B)	\$				
(C) Child Support Penalty Adjustment					
25% Child Support Penalty	-				
Subtotal C	=				
(D) Adjustments					
a. Additional 25% Child Support Penalty	-				
b. Overpayment	-				
c. Cal-Learn Penalty	-				
d. Cal-Learn Bonus	+				
Adjusted Cash Aid:	Subtotal D	=			
(E) Underpayment					
Correct Cash Aid Amount	\$				
Cash Aid Paid To You	-				
Subtotal E	=				
Amount of Underpayment for Each Month	=				

Rules: These rules apply; you may review them at your Welfare Office: MPP 44-340.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of Page 1 tells how.

TOTAL UNDERPAYMENT (All Months) \$ _____